

Village of Whitehouse Building & Zoning Department 6925 Providence Street PO Box 2476

Whitehouse, OH 43571 Ph: 419-877-5383 . Fax: 419-877-5635

CONTRACTOR REGISTRATION FORM

Please Print Clearly									
□ New □ Re-Register for 20									
Na	Name of Company: Date:								
Contact Name and Title:									
Business Address: Street City State Zip Co									
		Stre	еет		City	State	Zip Code		
Telephone No:					Fax No: _				
E-mail address:									
Please check the type of work you are qualified to perform:									
	□ Commercial		□ Resident	ial		Industria	al		
	General Contracting		Home Builder		Remodeling		Roofing		
	Siding		Windows		Gutters		Electrical		
	Plumbing		HVAC		Refrigeration		Sewer		
	Sign Builder		Fencing		Landscaping		Pools		
	Cabinet Builder		Lawn Sprinklers		Fire Suppress	sion			
	Concrete/Masonry		Foundations		Repairs/Wate	erproofing	J		
	Accessory structures		Hauling		Other				
1.	. How many years experience do you having doing the type of work as indicated above?								
2.	How long has your company been in business?								
3.	How long has your company been under current ownership?								

(See Page 2 on Reverse Side)

4. Do you h	——————————————————————————————————————	f yes, please provide a copy of your workers					
•	have subcontractors? □Yes □No or Registration Form.	If yes, each subcontractor must complete					
		fitter, HVAC, refrigeration, or fire suppression a copy of your State of Ohio registration /					
who perform		from all Sidewalk, Sewer, and Sign Contractors t have a copy, your agent can fax a copy of your					
information		o must be registered each calendar year. If the story, a Certificate of Registration will be issued. endar year:					
Re-registra	gistration per calendar year Ition. In order to qualify for the re-re In forms and payment are due by Jar	egistration discount,					
This form <u>n</u>	must be signed by an authorized	person.					
Name of Co	ompany:						
Print your na	ame and title:						
Signature:	gnature: Date:						
FOR OFFICE USE ONLY							
	Date Received: F	or Calendar Year: 20					
	Method of Payment: A	Amount: \$					
	Check No	Receipt No					